REQUEST TO AN INSTRUCTOR TO CHANGE A FINAL EXAM

PRIOR TO COMPLETING AND SUBMITTING THIS FORM, PLEASE REVIEW THE POLICY ON FINAL EXAMINATIONS IN THE UNDERGRADUATE CATALOG. THIS FORM MUST BE FINALIZED 24-HOURS PRIOR TO THE SCHEDULED EXAMINATION.

Semester: ___________

NAME_____________________________________ SID___________________________

Last   First   Middle

COURSE_________________________ INSTRUCTOR___________________________

Original scheduled Date/Time of Exam__________________________

REASON FOR CHANGE

I am requesting a change in date/time of the scheduled exam for this class because:

_____ 1. Two or more exams are scheduled simultaneously.*
    *Record both courses, both instructors, and explain why the conflict has occurred.

_____ 2. Three or more examinations are scheduled within a 24-hour period.**
    **Attach your entire class schedule and the corresponding exam schedule to this form.

_____ 3. Legitimate and documented extenuating circumstances exist that prevent completion of the exam at the scheduled time (e.g. burial services for an immediate family member). Attach a memo of explanation and documentation in support of this request. NOTE: Family vacations, family celebrations, job interviews and problems with travel plans are not considered legitimate and extenuating circumstances.

Date:___________ Phone #:___________ Student's Signature______________________

******TO BE COMPLETED BY INSTRUCTOR AND DEPARTMENT CHAIR *****

For this student, we agree that two or more exams are scheduled simultaneously, that three or more exams are scheduled within a 24-hour period, or that legitimate extenuating circumstances exist.

Proposed New Date/Time_________________________________________

This is before_________ /after_________ the scheduled exam.

Date_______________ Professor's Signature____________________________________

Date_______________ Dept. Chair/Program Director Signature__________________________

LEF/12/3/10